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LAY IS ME O THE FU PAGE FILED	3/3/10	Cambrio		11. NAME OF HOS	PITAL, NURSING HOM			120. USUAL	T OF WORKING LI	N (TYPE OF WORK	heste 12b. KIND OR II		MD.
OFEL 3 TO	S 7 13	SUAL RESIDENCE (III	FIN NURSING HOME OF	OTHER INSTITUTION, GI	ster Gene ve residence before admiss 13c. City or town	ION)	INSIDE CITY LIMITS?	13e. STREET				- 1/4	
IMORE, MD, 21201 FTER DEATH. IF ANY DEL. F PAGES 1, 2, AND 3 TO FORM. PM. 3, RETAIN PES 1 AND 2 SHOULD BE	3914	Md. FATHER'S NAME FIRST ROGET		MIDDLE OSS	Cambridg Brake		MOTHER'S MAID	EN NAME	7 Bay	Heigh	LAS		
ST., BALTIMORE, MD. 21201 HOURS AFTER DEATH. IF ANY N 18. GIVE PAGES 1, 2, AND NG WITH FORM PM 3. RETAINNIT. PAGES 1 AND 2 SHOUL	NOIS 16	a. WAS DECEASED (YES, NO, OR UNKNOW NO	EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURI 218-76-1		nents	E	Item	DRESS	Harg:	LS	
1 W. PRESTON FED WITHIN 24 PENCIL IN ITER XAMINER ALOI ALTRANSIT PER	AND MENIAL HYGIENE, ION, OR REMOVAL.	Canditians gave rise cause (a) s lying couse	IMMEDIATE , if any, which ta immediate tating the under-	BY: E CAUSE (a)	for (a), (b), and (c).) 1 TP CP AN 1: AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF	uries,		re of	neck	BETWEE	oximate in in onset at	ND DEATH
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE FOR PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	WER KRYLA	220. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N	from: Noture	af the remoins des	enfo	M.D	Inspection Homicide ITTLE (SPECIFY) Deputy	Undeterm	Inquiry E, ined manner	and in my o	Ω	/5/ 8.	2
	1 A B 23	BURIAL, CREMATION (SPECIFY) burial	ON,REMOVAL 23		23c. NAME OF CE	METERY OR CR	NE 00	23d. LOCA	TION		DOR	STATE MD	
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ALAN C. I. S. STORE BUILT CO. MICHIGAN STREET, S. S. STORE ST. A. S.

1 - STATE

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 130. STREEL OBRESRace street Gerber 212-10-4555 Willis B. Brannock . Cambridge . Md. APPROXIMATE INTERVAL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death accurred on the date and havr and from the causes stated 22c. DATE SIGNED 8-20-42 Cemetery, East New Mkt. 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Thomas Funeral Home Cambridge, Md. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1 13	3	(RTHPLACE (STATE OR FOUNTRY) ARYLAND	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY DORCHES	OR COUNTY	OF DEATH	MD
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1 24 hours in hould be	5	30. S	ARYLAND	13b. COUN	OTHER INSTITUTION ITY HESTER	CAMBRID	VN	13d. INSIDE CITY LIMITS? YES NO 🔏	13. STREET ADDRES	M RD.,	R. F. D	. # 1
and 21	10		JOHN		WIDDLE	WEBB		15. MOTHER'S MAIDEN NAM SADIE	MIDDLE		TAŸĨ	OR
be executant an and as. Pages		(Y	AS DECEASED EVER I ES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECTION 214-07-		17 INFORMANT SON ERNEST H. CH		, JR.,	(same a	s 13e)
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	FOR = STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN	HEALTI	CERTIFICATE (TH	2 REG. NO.	CC and	1 8	8
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13a.	STATE aryland	13b COUNT	OTHER INSTITUTION, GIV Y ESTET	13c. CITY OR TOWN Hurlock	ION)	13d. INSIDE CITY EIMITS? YES NO	13e STRE 216	et address Charl	es St	reet		1731
0	FATHER'S NAME ALL	n Baker Co		LAST		is mother's main					LAST	
160.	(YES, NO. OR UNK	SED EVER IN U.S. ARM NOWN) (IF YES, GIVE W	ED FORCES? VAR OR DATES)	166. SOCIAL SECURIT	Y NO.	Allan B.	Coll		ADDRESS 16 Ch	4	St.,	
AL, CREMATION, OR REMOVAL. SATION CATION	gove couse lying c	ions, if any, which rise to immediate a) stoting the <u>under-</u> ouse lost.	(b) DUE TO, OR	Ltiple in AS A CONSEQUENCE AS A CONSEQUENCE UT HOT RELATED TO THE TERM	OF OF						Few M	ins.
DO SURIOR TO BURIAL, CREA	19a. DATE (DF OPERATION	19b. CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?		,			20 AUTOPS	
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MED	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE C STREET, FACTO High	DRY, FARM, ETC.)		TREET IL Nr.	Sec	city of Town retar	у,	Dor		STATE
9	22a. I ce death resu ACTUAL SIGNATUR EXAMINER (TYPE OR P	Son		Accident 🗷 , Su	Autop	Hamicide TITLE (SPECIFY) Deputy	Undete MEDI	Inquiry Trmined mann	er ,	DATE SIGNED	8/17	/82
	BURIAL, CREM (SPECIFY)		ug. 17,19		ashi	ngton Cem.	Hur	CATION DRIOWN LOCK, REGISTRAR	Dorche	county		state yland
-	NAME		runeral H	Federalsbu	100	-	2419	382	2.	2.0	aniel	

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DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 30 age 3 3 mer sor AUGUST 13982 A M 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. MONTH MALE BLACK JAN 19/19 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARYLAND DIVORCED [DORCHESTER WIDOWED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CAMBRIDGE DORCHESTER GENERAL HOSP LABORER HOSP.AD MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND SMITHVILLE NOX DOR RHD 15 THE ATHERISMS IDEN NAME 2 4 MIDDLE LAST MIDDLE LAST ISABELLE CORNISH JOHN dete Me BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) NO CORNISH TAYLORS the APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for jat, the and ic od PART I. DEATH WAS CAUSED BY phy PRESTON ST., IMMEDIATE CAUSE to Offic CONSEQUENCE Mug 5 Conditions, if any, which gave rise to immediate couse (a, stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be YES [NO [Sho certificate ental Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION Ž 20 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 CITY OR TOWN COUNTY STATE marked NOT WHILE WHILE 0 AT WORK AT WORK 220.1 certify that (1) (this hospital)-attended the deceased fram DIRECTOR sow the deceoled o , and that in (my) (aur) opinion deoth occurred on the date and haur and from the causes stated obove. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL * PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22e ADDRESS THE PHYSICIAM'S NAME tions community should be 550 0 23d, LOCATION 73+ BURIAL CREMATION, REMOVA 71h DATE 23c. NAME OF CEMETERY OR CREMATORY I SPECIFY CITY OR TOWN STATE BP SMTTHVILLE DOR.

FOR

REGISTRAR

1 - STATE

DHMH - 16 60M 1/75 (VR A 15 (4)) STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

HOME 250 DATE REC'D. BY REGISTRAR 256. RE

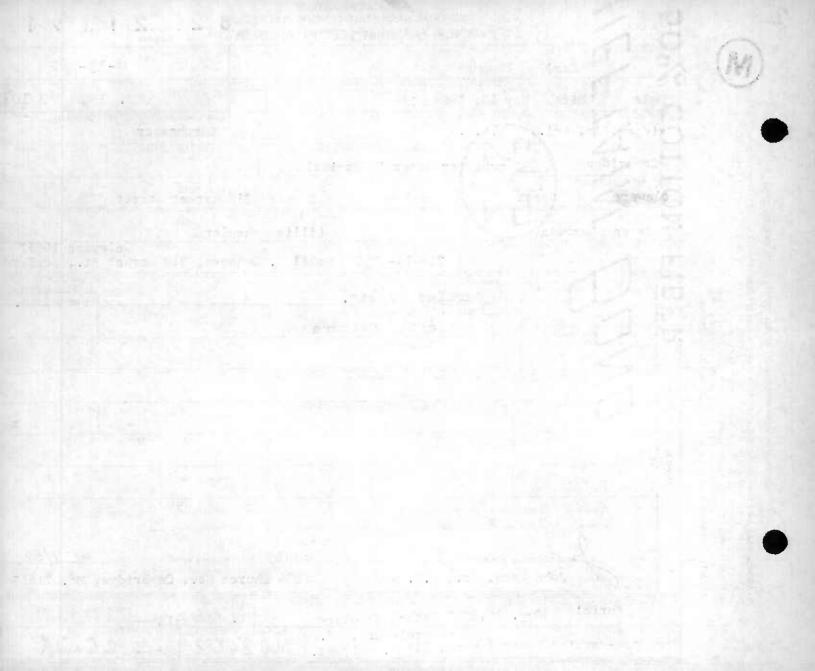
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	Ľ	FOR STATE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG.		1 1	9 0
		CEASED NAME ARTH		rances '	Dav	enport	20. DATE OF DEATH	MONTH 8	DAY YEAR 1	26 HOUR 2 PM
	3 SE	Female		ite	5 DATE C	eb. 25,1917	6 AGE (IN YEARS LAST	YRS.	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	J	J. S.	WIDOWE		9. BALTIMORE CITY Dorche	ster	/ OF DEATH	MD.
1 1 63		TY OR TOWN OF DEATH Cambridge	Dorch	nester G	enl.	Hospital	Homemak	ATION STOF WORKING LII ET	12b. KIND OF INDUSTRY	BUSINESS OR
AND ZA hour Za	130.		DOTER INSTITUTION	13c. CITY OR TOW Salem	R.D	136. INSIDE CITY LIMITS? YES NO G	13e. STREET ADDRES		ear Vie	nna
MARYLAND outlets title outlets title	14 F	Thomas	MIDDLE B.	Webst		15. MOTHER'S MAIDEN NA	Fra	nces	Whit	
BALTIMORE, cote b pers. poper vol. it, the material		WAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, G	RMED FORCES?			Percy E. Da		Vienna	a,Md.,	
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ITAL RECOR	CERTIFICATION	19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING		OF INJURY	OPERATION	N WAS PERFORMED 21c. HOW INJURY OCCUR	20a. AUTOPSY? YES NO	IN CERTIF	S, WERE FINDING FYING CAUSES O	SS USED OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b orked or liem 18 shows any injury	MEDICAL C	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 71d INJURY OCCURRED WHILE NOT WHILE AT WORK	EATH HOUR A		Y YEAR 19 ARM, ETC)	21f. LOCATION STREET	CITY OR		COUNTY	STATE
OR ATTENDI he hospitol or DIRECTOR: A coched for use t. Dept. of Heal		27a I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n 27b. SIGNATURE			(d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL SI	date and hou		
TO HOSPITAL TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE	ORPRINT) Tann	nan	u	22e. ADDRESS	ullin .	SICIAN [auchre	de, M
BP	23a. I	BURIAL PREMATION PEMOVA	Aug.	14,1982	orche	emetery or crematory ester Mem.P	236 LOCATION CITY OF TOWN ark, Camb	ridge	Dor Md	STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL BERGES Fun	eral H	Iome, Caml	brid	ge, Md. 250. DA	TE REC'D. BY REGISTRA	AR 256. REGIST	IRAR'S SIGNATUR	₹E

DHMH - 16 50M 1/B1 (VRA 15, 4)

were to the second of the seco Community of the company of the community of the communit Manufactured by substitution of the substitution of . SI . The . The local section of the first the control of the con Themiss Transcrit Note, Cambelland,

11.	FOR STATE REGISTRAR				STAT NENT OF N XAMIN	HEALTH		ENTAL H	0	2	2	1	19	-1
	ECEASED NAME	FIRST	Donova	WIDGLE		EK 3 (LAST	AILO	20.	DATE KNC OF ES DEATH MA	-	8-13		
	ex Male	4. RACE White	5. DATE OF BIRTH MONTH GAY May 13,	YFAR	6. AGE (IN YEA LAST BIRTHDA 78 YR	Y) MONT		IF UNDER 2	24 HRS. 2c.	DATE DNOUNCED DEAD	M	ONTH D	19 YEAR	R 2d. HOUR
70. B:	BIRTHPLACE (ST FOREIGN COUNTRY) ridgevil	le, Del.	76. CITIZEN OF WE	AT COUN			ED NEV	/ER MARRIE		orche	cityorc			1 DIM
5	Cambrid	ge	11. NAME OF HOS (IF NOT IN SUCH FAI Dorches	ter G	eneral	Hos		ION	12a. USUAL FOR MOST	OCCUPATION OF WORKING	ON (TYPE OF V	WORK 12b	KIND OF E	
USU 130 D€	STATE STATE Laware	IF IN NURSING HOMEO SUS	ROTHER INSTITUTION, GIVING SERVICE SER	13c. CITY	OR TOWN)N)	134 INSIDE CIT	TY LIMITS?	318 M	ADDRESS arket	Stree	et		
1	FATHER'S NAME FIRST James	Donovan	MIDDLE		AST		Li1		Wheele	_			LAST	
160.	(YES, NO, OR UNKNO		MED FORCES? war or dates) y one cause per line	214	14-74-82		Mabe		Donova			Delaw ket S		9973 eaford
MEDICAL CERTIFICATION	Canditian gove ris couse (a) lying cau	is, if ony, which e to immediate stating the <u>underselast</u> .	(b) E	as a cons piles as a cons	SEQUENCE C	S eiz Seiz	ure	GIVEN IN PART	1 (a)				'ew M	
CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	ION FOR V	VHICH OPERA	ATION W	AS PERFORA	MED?	-	·		20	0 AUTOPS	Y? NO 🔼
CALCERI		G CAUSE OF D	21b. TIME OF HOUR A.M DEATH P.M.		DAY YEAR	21c. H	OW INJURY (OCCURRED	(ENTER NATU	RE OF INJURY IN	ITEM 18 PART	OR PART 2)	,,,,	110 2
MEDICAL	21d INJURY O	CCURRED NOT WHILE C AT WORK	2 PLACE C STREET, FACT	OF INJURY ORY, FARM, ETC			CATION TREET		СП	Y OR TOWN		COUNTY		STATE
2	220 I certification of the control of the certification of the certifica	d fram: Nature	e of the remains desc al causes A,	Accident	, Suid		Hamici	outy	Undetermi	ned monner EXAMINER		DATE SIGNED_	8/17	/82 21613
230.		ION, REMOVAL 2:	16. DATE lug. 16,19		ame of cem	ETERY O	R CREMATO	RY	23d. LOCAT		lsburg	COUNTY Ma:	rylan	STATE
24. F x	runeral direction - 1	TOR Hawkins F	uneral Ho				10	AUG	2 4 19	ISTRAR 25	o Cu	AR'S SIGN	ALL	&



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	2	1	1	9	1
CERTIFICATE OF DEATH					1	1	

	1.	REGISTRAR									
		CEASED NAME E OR PRINT) R	FIRST onal		ark	Edga	ast LT	August 1		NEAR YEAR	26 HOUR 11:25
	3. SE	x male		RACE Whi	te	5. DATE O		6. AGE (IN YEARS LAST BIR)		IF UNDER I YEAR	IF UNDER 24 HRS
35	C	RTHPLACE (STATE OR F COUNTRY) ambridge	Md	U.	S. A.	WIDOWE		9. BALTIMORE CITY O Dorche		OF DEATH	MD
6:	10. C	Cambrid		LE NOT IN SUC	HOSPITAL, NURSIN HEACILITY GIVE STREET NESTER (ADDRESS)	Hosp.	TYPE OF WORK FOR MOST O Studen	WORKING LIFE		OF BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURS STATE Md.	13b COUN DO1	TY	GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS? YES NO XX	13e. STREET ADDRESS Maple Da	m Rd.	(Rt	. 1)
90		Ronald	Coc	per	Edgar		15. MOTHER'S MAIDEN NAI Barbai	MIDDLE		Mil	ls
medica 		vas deceased ever yes, no or unknown) No		MED FORCES? WAR OR DATES)	213-92-		Parents I	Rt 1 Box 8			dge Md.
injury, ar amer traomanc event, r	NO	18. CAUSE OF DEAT! PART I. DEATH W Canditions, if ony, gove rise to imm cause (o), statin underlying cause PART 2. OTHER SIGN	which mediate g the last.	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c)	Diffuse R as a conseque R as a conseque	NCE OF	STIDEYTI'S			uni	MATE INTERVAL ONSET AND DEATH KIRCOUNT
2	CERTIFICATION	190. DATE OF OPERAT	1981	1	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOT		WERE FINDING CAUSES	
9		21a. ACCIDENT WAS UND OR CONTRIBUTING CO	AUSE OF DEAT		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PA	RT 1 OR PART 2)	
L Ked Dr	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DIE SI 17		22a.1 certify that (1) saw the decease above, (1) (well)	d alive an	HUQ1	7 19	4-419	nd that in (my) (our) apinion	, to Aug death occurred on the do	ite and havr	9_&2 and fram the	that (1) (we) last causes stated
1: II Hell	,	20 SIGNATURE	m	New	rdelte	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c DATE	signed (ug f)
CKIAN	-	Lewi	-	PRIN B	unde E	75	22e ADDRESS	Hurord	51		11.17

BP. DHMH-16 30M 2/80 (VRA 15, 4) burial 8/20/82

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

East New Market

23d LOCATION
CITY OF TOWN
Em. East

24. FUNERAL DIRECTOR
NAME
THOMAS F CAMBRIDGE FUNERAL HOME

23b. DATE

250. DATE REC'D. BY REGISTRAR 25 JECUSTRAR 25 AUG 2 5 1982

	AL AND TO A CALLED MAN		
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legicianis de Xea La			
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			525 SEC. 2014

Sec. 200

	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	21193
756		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	
		George	Henry	Gilliss	Aug. 6,19	982 7:30 am
1	3. SE.		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		male	white	May 25 1903		rrs.
35		RTHPLACE (STATE OR FOREIGN	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COL	
S Select	(TY OR TOWN OF DEATH Cambridge	Dor General	ADDRESS) ADDRESS) Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Manager-pe	I2b. KIND OF BUSINESS OR INDUSTRY etroleum dist'r.
355		Md. Do	ROTHER INSTITUTION. GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW	dge YES XX NO	13e STREET ADDRESS 207 Kil	larney Rd.
exomine 91	14 F <i>A</i>	George Bo	ounds Gillis	s Anna	WE	Hurley
e medical		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 214-07-		ADDRESS Gilliss	Item #13
ta burial, crematian, or re njury, or ather troumatic e	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I		NNAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
shows ony i	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART T OR PART 2)
rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
with the State Dept of Healt	-	saw Re deceased alive or	Halls	22e ADDRESS	death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN [221. DATE SIGNED
₹		BURIAL, CREMATION, REMOVAL SPECIFY) burial	236. DATE 23c. N	NAME OF CEMETERY OR CREMATORY Or. Memorial Pk	23d LOCATION CITY OR TOWN Cambrid	COUNTY STATE
2/80		UNERAL DIRECTOR CHOMAS FUNERA	L HOME CAMBRI	DGE MD	JGCP Z 198 ZARZHIM	CISTALP SIGNATURE

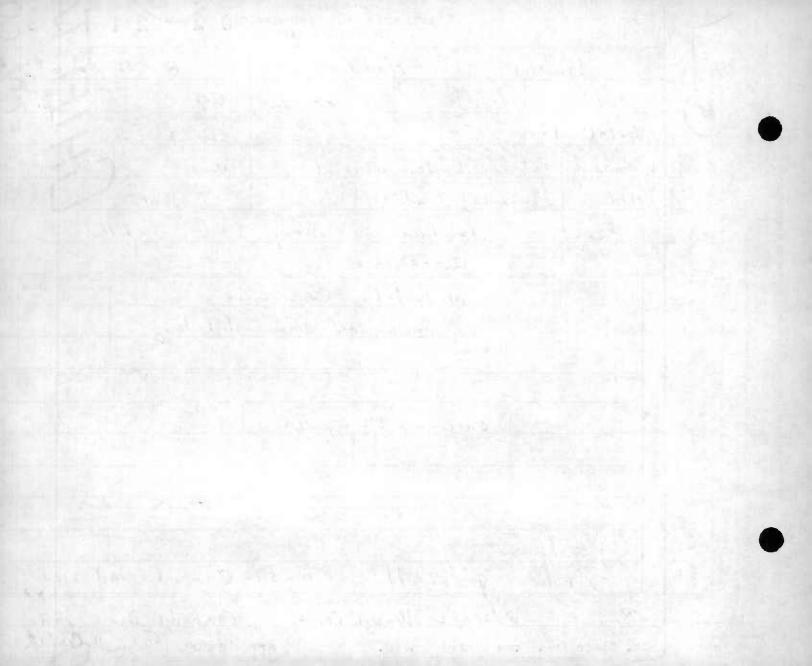
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	The state of			only work	- VARIA			

W	1	١.	FOR						AARYLAND I AND MENTAL I	HYGIENE 2	2	1	1 9	4
X	1		STATE REGISTRAR						CERTIFICATE C		REG. NO.	•		
1		1. DE	CEASED NAM	E	FIRST		WIDDLE		LAST	2a. DATE	KNOWN X M	HTMON	DAY YEA	R 2b. HOUR
	ET, SS. S. E.	(17)	E OR PRINT)		Howar	-d		God	odman	OF DEATH	MATED	8	28 198	2 ,
	PLEASE ECTOR. UR FILES. HOURS STREET,	3. SEX	(4. RAC	E	S. DATE OF BIRTH	YEAR LAST BIRT	YEARS IF UI		R 24 HRS. 2c. DATE		ONTH	DAY YE	AR 24 HOU
	SAGE .		ale		egro	July 6,		YRS.	DATS HOOKS	DEAD)		28 198	2 a. A
	Manage 1	F.C.	RTHPLACE (S		170	76. CITIZEN OF WE			IED NEVER MARR	SIED TX	ORE CITY OR C			
	MAN Y		ntersy		-	U.S.	PITAL NURSING HO	WIDON		IZa. USUAL OCCU	hester (ME
	A LANGE					(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRES	S)		FOR MOST OF WOR	KING LIFE)		OR INDU	ISTRY
_	S S S S S S S S S S S S S S S S S S S	USU			JRSING HOME OF	R OTHER INSTITUTION, GI	er General VERESIDENCE BEFORE ADMI	55IQN)		Farmer 8			1000	
21201	AND		arylan	d	Dor	chester	Vienna	1	AES DO MO	13e. STREET ADDRE	Box 30A			
RE, MD.	R DEATH. IF ANY DEL AGES 1, 2, AND 3 TO RM PM 3. RETAIN 1 AND 2 SHOULD BIF V STATTAL RECORDS	14. F/	ATHER'S NAM FIRST Horace		Goodma	MIDDLE an	LAST		15. MOTHER'S MAID Mary Ha	wks Jones	AIDDLE	116	LAST	
BALTIMORE	004	16a. V	VAS DECEASE	D EVER		MED FORCES?	166. SOCIAL SECUE	RITY NO.	17. INFORMANT		ADDRESSAT	9		
BALT	A PAGIN		N	0					Mary Good	man Jones,	, Rt. 1,	Box		
	0 - 0 Z W .		18 CAUSE C	DF DEAT	VAS CAUSED	BY:	for (a), (b), and (c).) Multiple	Injur	es				APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
PRESTON ST		7	81	47	MMEDIAT	DUE TO, OR	AS A CONSEQUENC							
PRES	XECUTED WITHIN IG". IN PENCIL IN SENCIL IN SEL EXAMINER A. BURIAL - TRANSIT AND MENTAL HY. ATION, OR REMO				ony, which	(b)								
201 W.	XECUTED WITH IG. IN PENCIL TAL EXAMINER BURIAL - TRAN AND MENTAL ATION, OR RE/) stoting	g the under-	< (-/	AS A CONSEQUENC	E OF				- 11		
	EX IN					(c)		100						
RECORDS	A BUCAN	z	PART 2 OTHER 5	IGNIFICAN	NT CONDITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMIHAL OISEA	E OR CONDITION GIVEN IN PA	ART 1 (a).				
RECO	A AS CRE	ē	19a, DATE OF	F OPER	ATION	TINE CONDU	ION FOR WHICH OF	EPATION V	AS DEDECDAMED?				20 AUTOP	cva
IAI	POF HER	FIC				INC. CONDI	NOIVI OK WINCITO	EKAHON	ASTEM ONNES:				YES X	
7	WORD WORD WORD WORD WORD WORD WORD	ERT	21a. EXTERN			216. TIME OF		21c. H	OW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART		A NO L
DIVISION OF VITAL	EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED SCENIFICATE, WRITING THE WORD "PENDING" IN POUR BE FORWARDED TO THE CHIEF MEDICAL EXA L DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. WITH THE STATE DEPARTMENT OF HEALTH AND ME MARYDAND, 21201 PRIGR TO BURIAL, CREMATION,	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUT	G XX ING□	OR CAUSE OF D		8 28 19	82 p	edestrian s	struck by	auto			
VISI	JEPA 3 SH	VED	21d INJURY			STREET EACT	OF INJURY (AT HOME,		CATION	CITY OR TO	wn	COUN	ITY	STATE
ā	WRI WRI	1	WHILE AT WORK	ATV	WHILE X	0	oad	Rt	331 near	Vienna, Do	rcheste	r Co	, Md	•
	A SE STE		22a. I cert	ify that	I took charge	e of the remains des	cribed obove, held or	Autop	sy XX, Inspectio	on . Inquiry	, ond in	ту оріп	пол	
	BE FOR		death result	ted fron	n: Notire	Acousor .	Accident X	Suicide	, Homicide	Undetermined me	onner ,			
	MAR. WAR	1	ACTUAL		My	MIL	nin		TITLE (SPECIFY)	+		DATE	8-2	9-82
	SHE SHEET SH		SIGNATURE		-01	200	woo	^	_{.D.} <u>Assistan</u>	MEDICAL EXAM	AINER	SIGNED	_ 0 2.	02
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTMORE, MARYDAND, 2120		EXAMINER'S (TYPE OR PR		Hor	rmez R. G	uard, M.D.		ADDRESS	II Penn St	reet			1/1
	PATO PATO	23a.B	URIAL, CREMA	ATION, F			23c. NAME OF C			23d. LOCATION CITY OR TOWN		COUNT	Y	STATE
	BP	_	SPECIFY) Bur			Sept, 4,1			e Cemetery	Reids Gr	rove, Do	rche	ester,	Md.
	DHMH - 17		UNERAL DIREC			ADDRESS	Federa 216	N M	g, Md 250 DATE	P 7 1982	TO CONTREGISTR	AR'S SIC	Cohe	A

20M 4/B2

to all an interest to The Same Continues of the Same Service of the service of the service of

		1			STATE OF MARYLAND		
	Tes	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H	2 1 1 9 5
		1. DEC	CEASED NAME A FIRST	MIDDLE	LAST	REG. I	MONTH DAY YEAR 26 HOUR_
	noy be poge 3 r death	(TYPE	ORPRINT) WILLIAM	1	Handisan	8	
	mo, bo	3 SEX	1	RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	o ()		MALE	Negro		12 69	YRS
	d + 100	7a BI	PURTRY) The CANTINA	CITIEN OF WHAT COUNTRY?	MARRIED MEVER MARR	IED 🗆	OR COUNTY OF DEATH MD.
	by the further d	10 CI	Ambudge MI	1. NAME OF HOSPITAL, NURSII			TION 126 KIND OF BUSINESS OR
212	be be	13a. S	TATE , 1136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION)	MITS? 130 STREET ADDRESS	
AND	fy filled should be		Md Dan	chotie Contra	rege YES NO	D)PIN	est
BALTIMORE, MARYLAND 21201	completely i I and 2 sh	14 FA	THER'S NAME RIST MI	DDLE Hardin	15. MOTHER'S MAI	DEN NAME MIDDLE	Ellis LAST
ORE, 1	5 0		/AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE W	(177400001)	JRITY NO. 17. INFORMANT	ADDI	
TIMO	be execution ond control of secutions.		25,110	220 - 63	34947		
BAL	rtificate by physicion on popers. emovol.		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (a), (b), or BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.,	e e e	3	1/ 5 CIMMEDIATE	00 A - 104 E	THE CAR	CINOMA	
O	e deoth ce s ottending move corbi notion, or r troumotic		1627	DUE TO, OR AS A CONSEOU		com lest la	
PRES	he deo ne otte motion r troum		Conditions, if ony, which gove rise to immediate couse (a), stating the		0	7	8
≥.	that the	H	underlying couse lost	DUE TO, OR AS A CONSEOU	ENCE OF		
DIVISION OF VITAL RECORDS, 201	equires the signed Then plect to buriol njury, or	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR COI	NDITION GIVEN IN PART 1(0)
COR		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
I RE	he low roon. hos bee hos bee the prior ows ony	E S		CARCINON	lift amer lat	YES NOT	IN CERTIFYING CAUSES OF DEATH?
VITA	SICIAN: The long physicion. certificate hos uniol-tronsit per tentol-Hygiene plem 18 shows:	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AY YEAR 211. HOW INJURY	OCCURRED (ENTER NATURE OF INJ	
0	HYSICIAI ding ph us certifi buriol-tr Mentol	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
ISION	H Se	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE OF ALMORE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
No.	五		22a.1 certify that (1) (this hospita	1) attended the deceased from	. 19	to 8 -	75 -, 19 22 . that (1) (we) lost
			sow the deceased alive on	8-15-196			date and hour and from the couses stated
	OR ATTEN the hospital DIRECTOR, oched for un Dept. of He		obove, (I) (we) (did) (did not)	S and the body offer deoffi.	DEGREE		22c. DATE SIGNED
	SPITAL O d by the NERAL D be detoc e Stote Du		Jastan	W		IDING MEDICAL ST.	AFF CIAN []
	HOSPI bined b FUNE buld be sold be		22d PHY CIAN'S NAME TYPE ORP	THSSE	17 220. ADDRESS 1900. 13 or	576 Cambe	dge md. 21613
	Open of State of Stat	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREM.	ATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
	BP	24.5	Barial	8/2/82 11	Jaugh Ceme.	Camprid	se Dor Md.
	DHMH - 16 60M 1/75 (VR A 15 (4))		MERALDIRECTOR L. Clair Fun. He	ome Cambridge	Md.	250 DATE REC'D. BY REGISTRA	25h EGISTRAR'S SIGNATURE
		- 1	OF OTHER PRINTS III	The Committance		CED 81982	



MAI etua L. Minteriore of a toluration of the continue of the continu the less adding within the op-11 NO COMPANDED TO CELL MAN CHILL SELL JOSEWARD TELLIN

	١,	FOR			DEP		E OF MARYLAND HEALTH AND MENT	AL HYGIE	NE 8 9	2		0 7
		- STATE REGISTRAR CEASED NAME	FIRST	A.	AIDDLE	CERTI	FICATE OF DEAT		REG. N		DAY YEAR	7 /
y be		OR PRINT)	tha	1 .	7.7.4	Aubba	rd.	ľ	B -25 -8		AT TEAR	26 HOUR
9е 4 шо	1 SE	Female		White			of BIRTH t.12,190		AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
Poor Hose		RTHPLACE (STATE OR FORE	eign 7	U.S.		MARRII WIDOW	NEVER MARRI	IED 🗆	Baltimore city Dorches	OR COUNTY	OF DEATH	AAF
oy the fulled with	4	TY OR TOWN OF DEATH	Н	(IF NOT IN SUCT	H FACILITY, GIVE		OR OTHER INSTITUTI	ION I	20 USUAL OCCUPAT TYPE OF WORK FOR MOST Seamstr	OF WORKING LIFE	126 KIND O INDUSTRY CLOT	F BUSINESS OR
24 hours filled in bould be fi	USU 13a	AL RESIDENCE (IF NURSING	36 COUN	OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSION	113d. INSIDE CITY LI		3. SIREET ADDRESS 205 Fr			
MARYLA mpletely ond 2 sh		John		IDDLE		llips	15. MOTHER'S MAIL FIRST	DEN NAME			Aaron	ì
mond co		WAS DECEASED EVER IN YES, NO OR UNKNOWN)		AED FORCES?	166 SOCIAL	SECURITY NO. 18-428	Mr. No	rman	ADDR Hubbar	ESS 503	Magno	olia Tr
ON ST., BALT th certificate the diding physical corbon papers of a removal.		18 CAUSE OF DEATH PART I. DEATH WAS		CAUSE (o)	R AS A CONS	SEQUENCE OF	ic CARCI			UNG-	MEE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratter than serificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled in hand Mental Hygiene prior to burial, cremation, ar removal.		Conditions, if ony, v gave rise to immer couse (a), stating underlying couse	diote the lost.	((c)	R AS A CONS	SEQUENCE OF	A OF			NDITION GIVI		WAS .
he low requirion. hos been sign to permit. Then lene prior to be lowes only injury.	CERTIFICATION	19a DATE OF OPERATIO					ON WAS PERFORMED		200 AUTOPSY? YES NO	20b. IF YES	, WERE FINDIN YING CAUSES	NGS USED
N OF VITA SicIAN: T ng physicia certificate urial-transr vental Hygi	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL B	USE OF DEAT EXAMINER)	P./	m. month m.	H DAY YEAR	11.00	OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18, PA	RT 1 OR PART 2)	
DIVISIO ING PHY r ottendi After this os the bo ith ond A orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			EET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET	e-,	CITY OR TO	IWN	COUNTY	STATE
ATTEND ospital o ospital o cCTOR: A for use of for use n. 21 is m		220.1 certify that (1) (1) saw the deceased above (1) the (did	alive on_	8/24		19.82, o		opinion de	oth occurred on the c	date and hour		
TAL OR A ty the hosy RAL DIREC detoched tote Dept.	1	22b. SIONATURE	0 F	3. J	Low	eler u		DING.	MEDICAL STA	AFF ICIAN []	22c. DATE	SIGNED
O HOSPITAL etoined by the TO FUNERAL should be deto with the State I		DAUID	B,	STOR					CAST. C	pmB0	2,015	MID
BP		BURIAL, CREMATION, RE SPBURIAL	MOVAL	23b. DATE 8-27-	-82	Dorch	ester Ce	m	23d LOCATION CITY OR TOWN	ige,Do	orches	ter, Md
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR Curran Fu	nera	al Home	e C	308 H ambrid	igh St. ge, Md.	AUG	3 0 1982	John	AR'S SIGNA	hulf

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) ESTI-Lois J. Macer DEATH MATED Aug. . SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED Female Negro Oct. 10, 1958 23 DEAD 76. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY U.S.A. Rhodesdale, Md. Dorchester WIDOWED DIVORCED O. CITY OR TOWN OF DEATH SHOULD BE FILED. 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS).
Dorchester General Hospital FOR MOST OF WORKING LIFE Cambridge Food processor Country Pride USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Rt. 1, Box 13a. STATE 136. COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? Dorchester ienna NO M Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIODLE LAST LAST FIRST Mildred Stephen Wongus Macer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Mildred Macer, RFD 1, Box 241, Vienna, Md. 213-70-9464 No 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) HemaPericardium Hew Mins DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Cancer cervix with metasteses. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? **DIVISION OF VITAL** Cancer of cervix. TO MEDICAL EXAMINER: THIS CERTIFICATE SHEEKCUTE THE CRETIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CHAPTER PURECTOR; PAGE 3 SHOULD BE UPFIRE DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIGR TO BURI YES T NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Hamicide Natural couses Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John Mace, Jr. 604 Church St., Cambridge, Md. 21613 (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY STATE 7,1982 Burial Petersburg Cemetery Aug. Nr. Hurlock, BP Dorchester 24 FUNERAL DIRECTOR Md . 250. DATE REC'D. BY REGISTRAR 25 DEGISTRAR'S SIGNATURE ADDRESS **DHMH-17** Framptom-Hawkins Funeral Home, 216 N. Main (VR A15 ME (5))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) Mildre DEATH MATED A AGE LIN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED Female Negro Jan. 16, 1929 53 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Dorchester II.S.A. Hurlock, Maryland WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
OA Dorchester General Hospital OR INDUSTRY FOR MOST OF WORKING LIFE) Hurlock Food processor Seafood USUAL RESIDENCE (IF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS 13e STREET ADDRESS Rt. 1, Box 16 13a STATE 13c. CITY OR TOWN 136. COUNTY Dorchester Hurlock Maryland FORM PM 3. SES 1 AND 2 SHOON OF WITHALE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Butler John Lola Adams 17 INFORMANT Federalsburg, In WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-26-4543 Janice Young, Laurel Grove Rd., Maryland CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY mmediate Cause (a) Coronary occlusion Few Mins. AND MENTAL HYGIEN ATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? DEPARTMENT OF PRIOR TO BUR YES 🗌 NOK THE CHILD BE 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH HE STATE BALTIMORE, MARYLAND, 2120 Inquiry X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER 604 Church St. Cambridge, Md. 21613 John Mace, Jr., M.D. 15,1982 Federal Hill Cemetery 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE Federalsburg Caroline BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Federalsburg. Md. **DHMH-17** Framptom-Hawkins Funeral Home, 216 N. Main St (VR A15 ME (5))

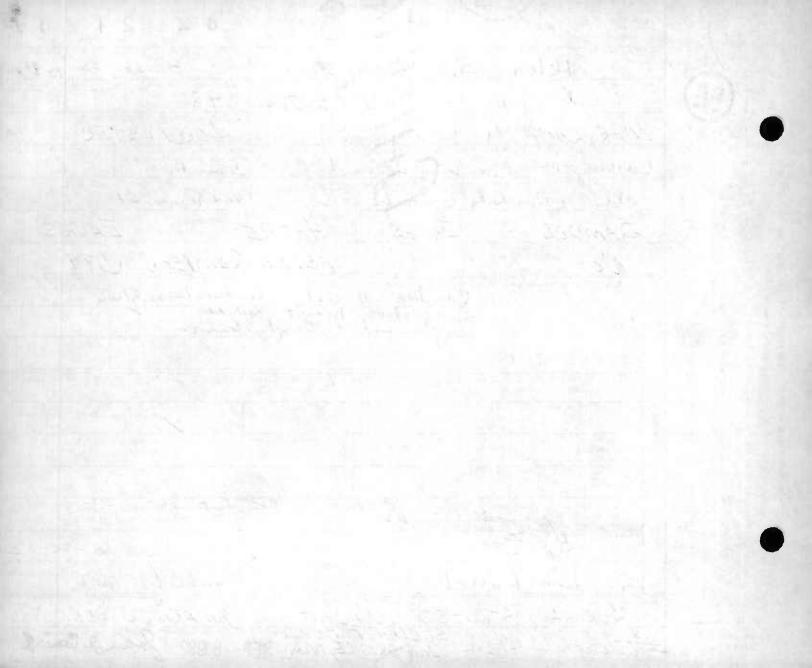
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINT 3. SEX 6 AGE IF UNDER 1 YEAR IF LINDER 24 HRS 64 emale To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Dorchester Co. Marvland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dorchester General Hospital Cambridge Housewife SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland NO T Dorchester Cambridge 407 Henry Street 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Clarence Mills Nora Whaples 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT IYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) No 214-07-7236 J. Hammond Shannahan Item # APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for to) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIF NO F 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

22e. ADDRESS

231 NAME OF CEMETERY OR CREMATORY

23b. DATE Burial 24 FUNERAL DIRECTOR

Memorial Park Cambridge 250. DATE REC'D. BY REGISTRAR 256 REG

DIRECTOR

ATTENDING

PHYSICIAN

ADDRESS Cambridge Thomas Funeral Home 700 Locust St. Md.

CITY OR TOWN

DHMH - 16 50M 1/B1 (VRA 15, 4)

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23a. BURIAL, CREMATION, REMOVAL

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70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. C1	TIZEN OF WH	AT COUNTRY?	8. MARRI WIDOW	ED NEVER MARR		hester	TY OF DEATH	44
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2	EXAMINER'S MAME (TYPE OF PRINT)			r. M.D/			ridge, Md.			
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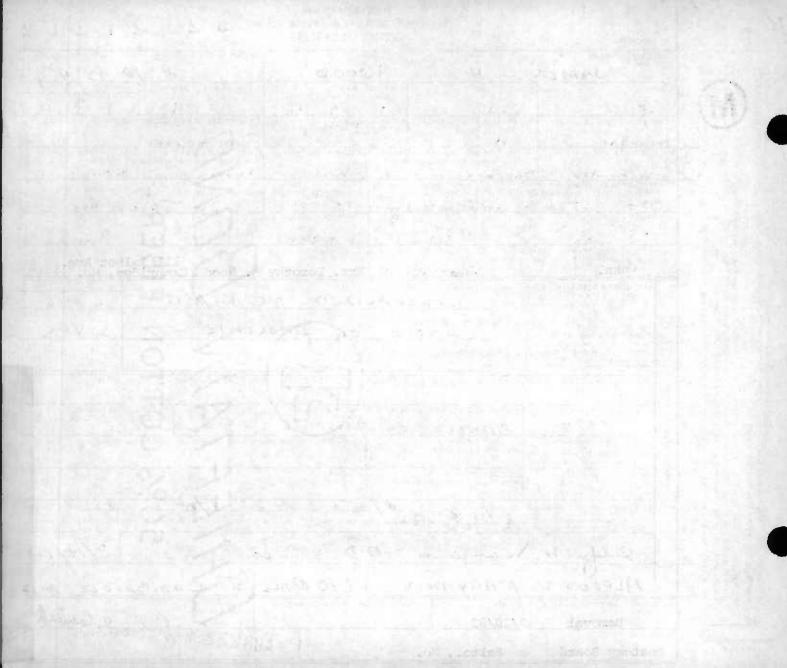
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Anna Tull III. INFORMANT ADDRESS IVES, MC, DATE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH (SEATH WAS CAUSE DY.) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoing the under-lying cause lost. IFART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RUT HOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART I Leg. IFART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RUT HOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART I Leg. IFART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RUT HOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART I Leg. IFART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RUT HOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART I Leg. IFART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RUT HOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART I Leg. IFART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RUT HOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART I Leg. IFART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RUT HOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART I Leg. IFART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RUT HOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART I Leg. IFART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RUT HOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART I Leg. IFART 2 OTHER SIGNIFICANT CONTRIBUTION CONTRI										_		=	=	-	=	=,
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230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION				Y	y					STA	ATE					
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Marwel-Short Funera Delmar Delmar Del SEPTO BY HOSTRAR MARKEDISTRAR DIGITALINA	14	14	4	G	G	4	JY.	YRE	El	4	1					

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.)	1			STATE OF MARYLAND		
Q.	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	2 2 2
		CEASED NAME FIRST	WIGDIE	LASI	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 F 10	1111	JAMES	H	Wood	f,	18 82 420 pM
	3. SE	X 4	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNGER 1 YEAR IF UNGER 24 HRS
(N)		Male	Cay.	MONIH GAY YEAR	71 YRS.	MONTHS DATS HOURS MIN.
4		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN		9. BALTIMORE CITY OR COUNT	Y OF DEATH
and		ew York	U.S.	WIDOWED DIVORCED	Dorchester	MD
2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
5 73 6	10	ambridge I	archester	General Hoso.	davertisina	News paper
d in be	USU 13g	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE	BEFORE AGMISSION)	13e STREET ADDRESS	
filled ould be	1	N I		oridae YES NO D	III Tal	but Ave.
ithin thin 2 sh	14 F.	ATHER'S NAME		15. MOTHER'S MAIDEN N	AME MIDDLE	LAST
ed w and and		William		lood Helena	WIDDLE	Hanel
d co		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS	
Poge Pege		$\stackrel{\mathsf{YES}}{Unkn}$.		6-7514 Mrs. Dorothy	Ill T 7 M. Wood Cambri	albot Ave.
cote be executed within 24 hour systian and completely filled in papers. Pages 1 and 2 should be flual.		18 CAUSE OF DEATH (Enter only	one couse per line lar (o), (TI NOOG CAMDII	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
و م م		PART I. DEATH WAS CAUSED E	BY:		IETASTASIS	6 mos
he death certine at a strength of the mation, or rem		1200	DUE TO, OR AS A CONS			
tenc on, on		Conditions, if any, which		ICER OF PRI	STATE	1 YRS
he a he a emo emo moti		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS			
law requires that to a seen signed by to be emit. Then please re prior to burial, are vs any injury, or other		underlying couse last.	(c)	BEQUENCE OF		
gned k n plea burial, ry, or o		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART Trai
equition significant to be	CERTIFICATION					
beer mit.	Z Z	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
he lo on. hos t per ene ows	I	1979	CANCER	OF PRESTATE		ES NO
HYSICIAN: The ding physicions are certificate buriol-transit Mental Hygie or Item 18 sho	E E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1 DAY YEAR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
PHYSICIAN: T ending physici this certificate he buriol-fronsi ad Mental Hygi d or frem 18 sh	A	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
ING PHYSICIAN: The other this certificate has as the buriel-trians in the ord Mental Hygien orked or Item 18 show	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
G PH affender the and ked o	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	IFFICE, FARM, ETC }	CITY OK TOWN	31410
Se o Aft		220 1 certify that (I) (this haspital) attended the decoased I	ram 1951	to \$118	, 19 FL, that (I) (we) last
TOR TOR	1	saw the deceased alive an above, (I) (we) (did) (did not) v	8/14/8	C. /	n death accurred an the date and ha	ur and Iram the couses stated
REC REC Febt. of the spt. of t		22b. SIGNATURE	view the body offer deoth.	DEGREE		22c. DATE SIGNED
the h the h L DIR stacke re Dep		Quebro 12.	housen	MD ATTENDING	DIRECTOR PHYSICIAN	8/18/84
PITA by Stat	1	22d. PHYSICIAN S NAME (TYPE OR P.		22e. ADDRESS	DIRECTOR THIS ICIAN	
TO HOSPI etained b TO FUNE should be with the S		ALFRED R.	MARYAT	VOV 1.10 RAC	& ST, CAMP	sovole MA
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I IMPORTANT. If	230		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		1000
		(SPECIFY)		CEMETER OF CREMATORY	CITY OR TOWN	COUNTY CALLEST E
BP	24 F	Removal UNERAL DIRECTOR	8/20/82	125a. D	ATE REC'D BY ROGO OF AR 254 REGIS	TRAR SIGNATURE
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	1 4	macomy board	Darto., I	ICL •	CONTRACTOR OF THE CONTRACTOR O	



	1	STATE REGISTRAR			DEP	CERTI	FICATE OF		GIENE 8	REG. I	NO.	2 1	2	1 3
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S support		Female			nite	S. DATE	DF BIRTH 20	1912		O PEARS LAST B	IRTHDAY)	MONTHS	DATS	HOURS MIN.
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200	Н	urlock, Mo	a.	605 N	H FACILITY, GIVE	URSING HOME (STREET ADDRESS) Ln Stre		TITUTION	120 USUA (TYPE OF W	ORK FOR MOST	OF WORKING	GUFE) INC	USTRY	BUSINESS OR rial Ho
35	13a	AL RESIDENCE (IF NURSING STATE 13	L COUNT	cheste	13c CITY OR		13d. INSIDE O	ITY LIMITS?	13e STREE	T ADDRESS	Main	St.		1 = 4
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n do la		No			216-3	38-8403	Ern	est Wi	roten	Hu	rloc			
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r tro		Conditions, if any, w gove rise to immed	diate	(b)		अदार्	MADI	1000						
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injury, o	N C	PART 2 OTHER SIGNIF		onditions <u>co</u>	NIRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	MINAL DISEA	ASE OR COM	NDITION C	SIYEN IN I	PART 110-	2/100
ows ony i	CERTIFICATION	190 DATE OF OPERATIO		196. CONDI	TUDN FOR W	HICH OPERATIO	N WAS PERFO	DRMED		TOPSY?				OF DEATH?
Hygie 18 sho	CERT	210. ACCIDENT WAS UNDERL	YING	21b. TIME O			21c HOW IN	JURY OCCUR	YES	NO NATURE OF INJ	JRY IN ITEM I	YES D	PART 2)	NO []
0 0		OR CONTRIBUTING CAU		HOUR A./		DAY YEAR								
2 5	MEDICAL	21d INJURY OCCURRED)	21e PLACE (OF INJURY	FFICE, FARM, ETC }	21f LOCATIO	NC		CITY OR TO	OWN	(0)	UNTY	STATE
orked	5	AT WORK NOT WHILE		ATTIONE SIK	ELT, FACTORY OF	FICE, PARM, EIC }	J.RECT			e e				SIAIC
Heo!	1	220 I certify that (I) (th		ol) ottended the	deceased fr		ty	_, 19		7/10	7	, 19_3		not (1) (we) lost
m 21		sow the deceased obove, (I) (we) (did)	(did not)	view the body	after death.		nd that in (my)	(our) opinion	deoth occur	red on the c	lote and h	our and fr	rom the co	ouses stoted
Dep If he		226. SIGNATURE		2 -4	1	1	DEGREE	ATTENDING	/MEDICA	L STA	FF	22	c. DATE S	IGNED
Stote		22d. PHYSICIAN'S NAMI	all	laa	m		1)	PHYSICIAN [DIRECTO	R PHYSI	CIAN			
With the Stot		MARK J	-		ADA		Nant	1	Prof	Blda	i. Se	AFO	RD	DE 1993
, 2		URIAL, CREMATION, REA	MOVAL	23b. DATE 8-9-8	22	23c. NAME OF C		CREMATORY	23d. LOC	ed.	C	arol	ine	Md.
	24 F	Burial		0-9-0				25a DAT	F REC'D BY					
M 1/81 4)	1	List			F	ederals	burg,	Md . TIL	01 01	1082	John	2	Com	ul
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Nameline with Wroten B 6 82 4:00 Feb Zamele Valte 1 20 1912 70 e Margland U.S. x Dordhegger Harlock, Md. 605 H. Dain Street Kurse Ald (Mimoria) Hos Ad. Dordnester Harlook X 605 M. Wain Mt. Ch.rlic Lilians Hargie Dickerson No 215-32-8403 Einest Wicten Burlock, Marylond aurist of 8-9-82 Aillorest red. Coroline Ac. Tuderstaburg, 186-816-8262 /- Carte

	FOR • STATE	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL I		2 1 4
1.0	REGISTRAR ECEASED NAME FIRST	MEDICAL EXAMI	NER'S CERTIFICATE	REG. NO.	***
	YPE OR PRINT) Mary	Geneva	Wroten	20. DATE KNOWN MONTH OF ESTI- DEATH MATED 1	
1 SE	emale white	S. DATE OF BIRTH 6. AGE (IN MONTH 12 1895 ASSET)	YEARS IF UNDER 1 YR. IF UNDER HDAY) MONTHS DAYS HOURS	24 HRS. 26. DATE MONTH PRONOUNCED AUG.	15, 19 82 9:2
7a. 8	BIRTHPLACE (STATE OR OREIGN COUNTRY) Md.	U. S. A.	8. MARRIED NEVER MARR	Denselbergh	TY OF DEATH
	Cambridge	11. NAME OF HOSPITAL, NURSING HO.	s) •	120. USUAL OCCUPATION (TYPE OF WORK GREEN MOST OF WORKING LIFE)	12b. KIND OF BUSINESS
30.	AL RESIDENCE (IF IN NURSING HOME OF STATE 13b. COUN DO 1		SSION) 1 13d. INSIDE (ITY LIMITS? YES ON D	130. STREET ADDRESS Willis	St.
	ATHER'S NAME GUY	Slacum Slacum	15. MOTHER'S MAID Mary	N NAME MIDDLE	Stewart
160.	WAS DECEASED EVER IN U.S. AR/ YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) 166. SOCIAL SECUR 213-16-		ill 1400 ADPRESACOL Baltimore M	
N	Conditions, if any, which gave rise to immediate couse (o) stating the <u>underlying couse last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS A CONSEQUENC (c) CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TE	E OF	RT 1 (a).	
FICATION	190. DATE OF OPERATION	196, CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20. AUTOPSY?
	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	Tale HOW INJURY OCCUPAN	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	YES NO-
ICAL CERT	UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M. 19	AR	D (CHICK NATURE OF INJURY IN TIEM 18 PART TORP.	ART 2)
MEDICAL CERT	UNDERLYING OR	HOUR A.M. MONTH DAY YE	21f. LOCATION STREET		DUNTY STATE
	UNDERLYING OR CONTRIBUTING CAUSE OF IZID. INJURY OCCURRED WHILE AT WORK 220. I certify that I took charge	DEATH P.M. 19 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) The af the remains described above, held an rol causes X, Accident ,	Autopsy , Inspection Suicide , Homicide , TITLE (SPECIFY) M.D. Deputy	CITY OR TOWN CO	pinion STATE
WEDICAL MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took charg death resulted from: Nature CTUAL SIGNATURE EXAMINED NAME To be a	HOUR A.M. MONTH DAY YE P.M. 19 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) The af the remains described above, held an rol causes X., Accident, Mace Jr. M.D. 3b. DATE 23c. NAME OF C	Autapsy , Inspection Suicide , Homicide , TITLE (SPECIFY) M.D. Deputy	CITY OR TOWN CO. Inquiry X, ond in my o Undetermined manner , MEDICAL EXAMINER SIGN	pinion ED 8/18/82

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26 HOUR ULIS YOUNG LIYPE OR PRINTS 1 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF LINDER 24 HPS MONTH 1909 a BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINITRY WIDOWED DIVORCED CITY OR TOWN OF DEATH HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 136 COUNTY 136, CITY OR TOWN 130 STATE CITY OR TOWN 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDOLE MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: CARCINOMIA INTTASTATIL IMMEDIATE CAUSE (a) PRESTON DUE TO, OR AS A CONSEQUENCE OF ARCINOMA DE Months Conditions, if ony, which STOMACH gove rise to immediate couse tot, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED pr IN CERTIFYING CAUSES OF DEATH? per NO YES [NO [ntol Hygie 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 1te 0 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE marked WHILE AT WORK 220.1 certify the (1) his hospital) attended the deceased from AT WORK , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DIRECT 5 G ATURE DEGREE 22c DATE SIGNED 4 ATTENDING . MEDICAL STAFF Stote DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b ÷ 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (SPECIFY) COUNTY STATE BP. 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15(4))

Edital Research Calabata Calab who are not the control of the state of the